

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis

(In)

Mo. Baptist Hospital

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs.

mos.

ds.

How long in U.S., if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Dec. 29, 1931

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

X

X

X

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN),

ST. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Owen Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

ST. Louis

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Hazel Koster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

ST. Charles Co

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

Owen Thomas

(Address)

5705 Era Ave

15.

FILED

DEC 31 1931

Max C. Starker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec. 30 1931

17.

I HEREBY CERTIFY, That I attended deceased from

12/29

1931, to

12/30

1931

that I last saw him alive on 12/30, 1931, and that death occurred, on the date stated above, at 1:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Ectopic

159

(duration) yrs. 6 1/2 mos. ds.

CONTRIBUTORY (SECONDARY)

Puerperal Eclampsia of mother.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

J. R. Hamlin

M. D.

12/30, 1931 (Address) 1259 N. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Troy Missouri

Dec 30 1931

20. UNDERTAKER

Shepard Funeral Home

ADDRESS

1167-69 Hamilton Ave

42907

File No.

Registered No.

12834

St.

Ward)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

170 120 110 100
100 110 120 130
110 120 130 140
120 130 140 150